

Southeast Indiana Outreach
Instructions for Positioning Program
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DRAFT #2

Who requires a Positioning Program?

- Person is unable to move themselves INDEPENDENTLY into or out of a variety of positions throughout 24 hour day.
- Person who spends more than 2 hours out of a 24 hour day in a wheelchair.
- Person who spends more than 12 hours out of a 24 hour day in a recumbent position, including time in bed, in recliner, lying down on any other device or piece of furniture or therapy equipment.
- Person who is unable to complete independent (without any assistance or any reminders) weight shifts for pressure relief
- Person who has a Braden scale of 18 or lower (see attached Braden Scale information)
- Person who has a history of any skin breakdown related to: pressure, poor nutrition or hydration, shear or friction, moisture, contractures (for example, excoriated tissue in skin folds) or poorly fitting equipment within the last 3 years
- Person who has adaptive splinting or other positioning devices to address contractures, deformities or need for therapeutic positioning for eating, digesting, or elimination.
- Person who is unable to sit upright for any reason
- Person who requires support of head, trunk, upper or lower extremities to maintain an upright or near upright position
- Person who demonstrates obligatory primitive postural, obligatory movement reflexes or unmanageable postural tone such as extensor tone in supine position.
- Person who demonstrates postural or skeletal deformities related to an inability to resist forces of gravity such as scoliosis, kyphosis, windswept or frog leg pelvic deformity for example
- Person who requires adapted supportive or positioning equipment to complete ADLs such as toileting, eating, or mobilizing, for example.
- Person who has 2 or less positions they can tolerate

What is current best practice for developing a positioning program?

A positioning program is developed by an occupational and physical therapist with input and assistance of other interdisciplinary team members including nursing, speech language pathologist, registered dietitian, and direct care staff. A thorough and comprehensive interdisciplinary assessment is completed to address all aspects of the individual's medical, psychosocial and physical issues. Based on review of history and

assessment results related to the person's current status, not only are positioning options identified that minimize deformity and allow correct alignment for breathing, eating/swallowing, digestion, and eliminating (bowel and bladder) but are also evaluated for oxygenation, respiratory rate, respiratory patterns and management of oral secretions if those are problematic for the individual. The designated therapeutic positions includes optimal positions for: eating and swallowing, including medication administration, stomach emptying, bowel and bladder elimination, completion of oral care, ADLs including personal care, dressing, and bathing/showering. The positions provide a stable base so it is not best practice to use bean bag chairs or water beds for therapeutic positions. If at all possible, the person will have positions in prone, whether prone in quadruped or prone on forearms, and in right and left sidelying in addition to upright or near upright sitting. Standing or kneeling are excellent positions for many therapeutic reasons and are included in the program if person can assume a standing, near standing or kneeling position. Each position specifies the amount of elevation to be used and has an objective method of measuring the elevation using elevation gauge or bubble level, for example.

Therapeutic positioning programs integrate six principles, including:

1. Reverse deformities – positions which will start to reverse the effects of old patterns of immobility
2. Variety – varied positions are used to participate in different activities, thus allowing for different functional movements and weight bearing on different surfaces
3. Independence – allows individual to use the skills they have and to assist with the development of new skills
4. Alignment – respiratory, digestive, eating, elimination systems all require the body to be supported in normal or near normal alignment
5. Midline – focusing the body and the activity at midline allows the person to compensate for primitive reflexes, postural or movement patterns and allows maximum participation by the client
6. Base of support – providing a wide, stable base of support allows for weight bearing across a broader surface and minimizes pressure by providing a larger distribution area of pressure. (paraphrased from “Nutritional Management” by Beckman and McGowan)

Positioning and active movement strategies to address joint contractures and deformities may include the use of orthotics or splinting devices. The interventions used are designed based on current and ongoing monitoring of joint range of motion to determine the effectiveness of the intervention(s) provided. The goal of the intervention is clearly stated with a minimum of quarterly monitoring (reassessment and remeasurement) with the data analyzed to determine the need for program revisions.

This summary of best practice is not intended to be instructive in how to assess or design therapeutic positioning options for people. There are extensive references and continuing education opportunities that provide intensive study in this field.

What information needs to be included in the therapeutic positioning program?

Specific positioning methods (written and photographed) need to include:

- ⇒ Bathing/Showering
- ⇒ Toileting and personal care including undergarment changes
- ⇒ Dressing
- ⇒ Oral Care
- ⇒ Medication Administration
- ⇒ What degrees of elevation are to be provided each position
- ⇒ An objective method of measuring elevation to ensure consistency
- ⇒ Wheelchair positioning
- ⇒ Alternative positioning methods to be used in bed, recliner or other therapy equipment
- ⇒ Left sidelying
- ⇒ Right sidelying
- ⇒ Prone on forearms or prone in quadruped
- ⇒ Application of splints and other devices including custom shoes with braces.
- ⇒ A revision/review grid at the end of each position included in the program.

Review and revision of the positioning program

The positioning Program must be reviewed and revised (if revisions are needed) if any one or more of the following occurs:

- There is a significant change in status (visit to ER, hospitalization, unplanned weight loss of 10% in 6 months or more than 5 pounds in one month, weight increase of 10 pounds since equipment was originally developed to ensure continuing correct fit, any existing pressure area that worsens, any pressure area discovered where there was none in the past, any change to positioning program or to positioning equipment, change to daily activity schedule, any lab work indicating nutritional deficits or dehydration are examples of “significant change in status)
- At least quarterly
- The review must be documented and dated using the review grid at the bottom of each position page.

Staff Competency training

- All staff assisting client for repositioning must be trained to competency using the positioning competency checklist

- When the schedule is revised, staff must be trained to competency regarding the changes.

Tracking and monitoring

- A regular monitoring system needs to be implemented across all shifts and time patterns to ensure correct and consistent implementation of the Positioning program using unannounced program monitors with issues reviewed and resolved in a timely manner.
- Positioning data tracking needs to be completed on monthly basis with any issues with implementation addressed in a timely manner.

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